



EXECUTIVE SUMMARY

WISCONSIN **ASTHMA** PLAN

Recommendations from the Wisconsin Asthma Coalition
2003



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Created by the Wisconsin Asthma Coalition, and funded in part by the Wisconsin Department of Health and Family Services through a US Centers for Disease Control and Prevention Cooperative Agreement (Award Number U59/CCU520846 – “Addressing Asthma from a Public Health Perspective”).

The Wisconsin Asthma Coalition would like to acknowledge Children’s Health Alliance of Wisconsin for facilitating the convening of the Wisconsin Asthma Coalition and the development of the Wisconsin Asthma Plan.

From the Secretary of the Wisconsin Department of Health and Family Services

The Wisconsin Asthma Plan is a blueprint for improving the lives of everyone in Wisconsin affected by asthma. Implementation of this Plan will result in reduced deaths, hospitalizations, and emergency department visits related to asthma. The Plan lays out in detail what Wisconsin can do to alleviate the burden of asthma over the course of the next six years, and represents the dedication and hard work of the many people who participated in its creation.

The Department of Health and Family Services wishes to acknowledge the members of the Wisconsin Asthma Coalition, Executive Committee and Workgroups for their efforts and contributions toward the development of the Wisconsin Asthma Plan. This Plan is the result of a strong partnership between the Department's Division of Public Health and Children's Health Alliance of Wisconsin, both of which have played critical roles in the facilitation and development of the Wisconsin Asthma Coalition and the Asthma Plan. The US Centers for Disease Control and Prevention has also been a strong and essential partner in this effort, providing funding and guidance for the work of creating the Plan. The Department would also like to thank the many organizations and individuals who provided critical input regarding the Plan through the more than fifty listening and feedback sessions held throughout the state in 2003. The input of all of these stakeholders has been critical in assuring that the Wisconsin Asthma Plan truly reflects and addresses the needs of the people of Wisconsin.

The Wisconsin Asthma Plan identifies and maps out pathways for treating and managing asthma, as well as improving the quality of life for those affected by asthma and their families and communities. The Department of Health and Family Services acknowledges and is committed to the recommendations in the Plan. The success of the Plan, however, rests on strong, committed partners and collaboration to assure progress toward alleviating the burden of asthma.

A handwritten signature in black ink, appearing to read "Helene Nelson". The signature is fluid and cursive, with the first name "Helene" being more prominent than the last name "Nelson".

Helene Nelson,
Secretary

From the Chair of the Wisconsin Asthma Coalition

Asthma affects the lives of many people in Wisconsin, across all ages and including all racial and ethnic groups. It is the cause of many lost days of work and school, numerous hospitalizations and visits to the emergency department, and even deaths. While asthma is incurable, optimal care permits affected individuals to remain mostly free from asthma attacks so they can lead normal, active lives. Much can be done to help those with asthma and their families achieve this goal of improved quality of life and reduced activity restrictions from asthma. This is the vision of the Wisconsin Asthma Coalition:

Individuals with asthma in Wisconsin will attain optimal health and quality of life and asthma will be prevented to the extent possible.

The Coalition's mission is to make this possible by developing and implementing a sustainable statewide plan that expands and improves the quality of asthma education, prevention, management, and services, and reduces the disproportionate burden of asthma in racial or ethnic minority and low-income populations. The Wisconsin Asthma Plan, the embodiment of the Coalition's vision and mission, represents the fruition of over two years of work on the part of many dedicated organizations and individuals to create a blueprint that will bring us to the realization of this goal.

It is the hope of the Wisconsin Asthma Coalition that the Wisconsin Asthma Plan will serve as a guide for the many stakeholders in Wisconsin who will address asthma over the next six years. There is a role for each and every one of us as we work together to implement the Plan.

We would like to acknowledge all those who helped to create the Plan, and ask for the support of all as we move ahead to meet the challenge of improving the lives of Wisconsin residents and their families and communities who are affected by asthma.

A handwritten signature in black ink, appearing to read "T. Mahr". The signature is fluid and cursive, with a long horizontal stroke at the beginning.

Todd Mahr, MD
Chair, Wisconsin Asthma Coalition

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Asthma is a chronic lung disease characterized by inflammation of the airways and recurring attacks of symptoms such as wheezing and coughing. Asthma rates have increased dramatically over the last thirty years in all populations in the United States. Recent Wisconsin data show that about eight percent of children under age 18 and nine percent of adults, or 114,000 and 337,000 individuals respectively, have been diagnosed with asthma (Wisconsin Family Health Survey, 2001). Persons of color and low-income populations bear a disproportionate share of the burden of asthma. In Wisconsin, African Americans have an asthma hospitalization rate that is about six times higher than that for whites (Fiore et al., 2000).

Asthma is one of the most common chronic diseases of children in the United States, the third leading cause of preventable hospitalizations, one of the leading causes of school absenteeism, and the leading work-related lung disease. In addition, asthma incurs high costs, in terms of the costs of care, lost workdays and productivity, and lower quality of life for persons with asthma and their families. For these reasons, asthma is a public health priority for the State of Wisconsin, as indicated by the national health plan, Healthy People 2010 (HP 2010), and the Implementation Plan of the state public health plan, Healthiest Wisconsin 2010.

To address this public health priority, the Wisconsin Department of Health and Family Services (DHFS) has been working since 1993 on asthma surveillance and pilot intervention efforts. In September 2001, the Department successfully applied for funds from the US Centers for Disease Control and Prevention (CDC) to support the creation of an asthma coalition and a statewide asthma plan. DHFS began working with its partners, including Children's Health Alliance of Wisconsin, to bring together asthma stakeholders from around the state to form the Wisconsin Asthma Coalition to develop a comprehensive state asthma plan.

The Wisconsin Asthma Plan will serve as the detailed blueprint for addressing asthma in Wisconsin. It provides specific objectives, action steps, target dates, and performance

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measures, and identifies potential partners. The Plan will guide stakeholders for the next six years in their efforts to control asthma. Finally, DHFS will submit this Plan to the CDC in 2004 when Wisconsin competes for state asthma plan implementation funding.

The overarching goals of the Wisconsin Asthma Plan are to:

- Expand and improve the quality of asthma education, prevention, management and services
- Decrease the disproportionate burden of asthma in racial or ethnic minority and low-income populations

Included in the Coalition's goals are the Healthy People 2010 asthma goals set forth by the US Department of Health and Family Services. These goals are:

- Reduce asthma deaths
- Reduce hospitalizations for asthma
- Reduce hospital emergency department visits for asthma
- Reduce activity limitations among persons with asthma
- Reduce the number of school or work days missed by persons with asthma due to asthma
- Increase the proportion of persons with asthma who receive formal patient education, including information about community and self-help resources, as an essential part of the management of their condition
- Increase the proportion of persons with asthma who receive appropriate asthma care according to the National Asthma Education and Prevention Program (NAEPP) guidelines

The Coalition has included two additional goals, which are:

- Decrease work-related asthma
- Improve indoor and outdoor air quality

The Coalition's progress in improving the quality of life for persons with asthma in Wisconsin will be measured by our success in achieving these goals.

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Specific Goals and Objectives

The Wisconsin Asthma Coalition identified eight priority areas for asthma in Wisconsin.

The specific goals and objectives for the eight priority areas of the Wisconsin Asthma

Plan are:

Surveillance

Goal: To improve and expand asthma surveillance in Wisconsin

Objectives:

- A.** By June 2003, conduct initial review and assure compliance with confidentiality requirements associated with each dataset included in the asthma surveillance system; annually review these requirements.
- B.** By May 2004, develop a comprehensive Wisconsin asthma statistics report using government data sources. This detailed report will be issued every three years and brief reports, using selected available data, will be issued annually.
- C.** By June 2004, expand Wisconsin asthma surveillance to include schools, childcare facilities, WIC clinics, and Head Start programs.
- D.** By September 2004, identify resources needed and assure sustainable, efficient and effective asthma surveillance in Wisconsin.
- E.** By May 2005, conduct a feasibility study of linking asthma surveillance data and environmental monitoring data.
- F.** By December 2008, expand asthma surveillance to include the use of pharmacy and pharmaceutical data.

Clinical Care

Goal: Increase the use of evidence-based, best practice asthma guidelines for the diagnosis and management of asthma by all health care providers in order to optimize the quality of health care to individuals with asthma

Objectives:

- A.** By April 2006, provide professional education and resources for implementing the National Heart, Lung, and Blood Institute (NHLBI) Expert Panel Report 2: Guidelines for the Diagnosis and Management of Asthma (NHLBI, 2002) for the diagnosis and management of asthma.

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- B.** By April 2007, build capacity within healthcare organizations for identifying and monitoring patients with asthma to improve asthma management.
- C.** By July 2007, build capacity within healthcare organizations for standardizing asthma quality measurement to improve asthma care.

Enhanced Covered Services

Goal: Managed care, self-insured, Medicaid, and Medicare will fund reasonable, measurable, and achievable disease management for persons with asthma

Objectives:

- A.** By December 2008, assist stakeholders to prove that asthma disease management is cost-effective.
- B.** By January 2009, connect the business case or return on investment for asthma disease case management to implementation of activities including, but not limited to: improved patient and provider education, patient behavior change, and smoking prevention and cessation.

Education

Goal: To expand and improve the quality of asthma education to be consistent with the National Asthma Education and Prevention Program Guidelines (NHLBI, 2002), and to be culturally and linguistically appropriate

Objectives:

- A.** Beginning May 2005, provide a public awareness campaign to address asthma as a chronic inflammatory disease that cannot be cured but can be controlled.
- B.** Beginning December 2005, one to two regional or statewide service providers will sponsor asthma management trainings for their membership each year.
- C.** By December 2005, five regional asthma education plans (based on the five Division of Public Health regions) with implementation strategies will be developed and adopted by the Wisconsin Asthma Coalition.
- D.** By December 2007, 20 percent of Wisconsin healthcare systems that participate in the Wisconsin Asthma Coalition will provide family-centered, developmentally appropriate, and culturally and linguistically appropriate asthma educational materials, consistent with the National Asthma Education and Prevention Program.

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- E. By December 2009, have a total of 70 certified asthma educators statewide, with a minimum of ten per each of the five Division of Public Health regions, with the exception of the Southeastern region and the Southern region (30 and 15 certified asthma educators, respectively).

Environment

Goal: Reduce or control environmental factors in Wisconsin associated with asthma

Objectives:

- A. By January 2007, improve the air quality in Wisconsin's indoor environments.
- B. By January 2007, evaluate and improve the capacity of schools and school districts to control asthma risks and promote health.
- C. By January 2009, improve outdoor air quality in Wisconsin's communities.

Work-Related Asthma

Goal: Reduce the burden of work-related asthma in Wisconsin

Objectives:

- A. By April 2004, develop a work-related asthma surveillance program, and begin issuing an annual Wisconsin Work-Related Respiratory Disease Report.
- B. By September 2004, develop work-related asthma educational materials for employees, employers, and practitioners, and by April 2007, provide these materials in alternative formats.
- C. By April 2005, develop and disseminate medical diagnosis guidelines for work-related asthma.

Disparities

Goal: Reduce disparities in asthma diagnosis, treatment, and outcomes among racial or ethnic minority and low-income populations

Objectives:

- A. By December 2005, improve asthma education, outreach, and the exchange of meaningful health information with racial or ethnic minority and low-income communities.

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- B.** By January 2006, increase knowledge and awareness of evidence-based asthma disparities interventions among consumers and providers serving racial or ethnic minority and low-income communities.
- C.** By May 2008, increase the proportion of racial or ethnic minority and bilingual and/or bicultural health care providers who provide culturally competent asthma education and management in healthcare and community settings.
- D.** By September 2008, reduce by ten percent from 2003 baseline the rate of asthma emergency department visits and inpatient hospitalizations among racial and ethnic minorities.
- E.** By September 2008, increase by 25 percent over 2004 baseline primary care health services utilization for Medicaid-enrolled children and adults with asthma.
- F.** By September 2008, increase by 25 percent the percentage of households in Milwaukee and Menominee Counties with assessment and management of environmental triggers such as cockroaches, dust mites, mold, tobacco use, and exposure to second-hand smoke over baseline.

Public Policy

Goal: Improve asthma care and decrease health disparities through policy change

Objectives:

- A.** By June 2004, increase the proportion of schools in compliance with Wisconsin's inhaler law (based on survey results) that allows children with asthma to keep their inhalers with them at school.
- B.** By August 2004, identify funding to support asthma surveillance efforts.
- C.** By September 2004, assist Enhanced Covered Services and Clinical Care Workgroups in drafting a legislative package of insurance reforms, relating to coverage and reimbursement of asthma services, medications, and specialists.
- D.** By May 2005, increase awareness and understanding of asthma among policymakers and high-level decision-makers.
- E.** By October 2005, support Environment and Work-Related Asthma Workgroups by identifying funding and advocacy opportunities.

Conclusion

The Wisconsin Asthma Plan represents the coming together of many asthma stakeholders and partners from across the state. Through the efforts of these partners, and with

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funding support and guidance from the US Centers for Disease Control and Prevention through a cooperative agreement with the Department of Health and Family Services, Wisconsin now has a strong plan for addressing asthma. This Plan provides a blueprint to guide Wisconsin toward improving the quality of life for those with asthma, their families, and their communities over the next six years and into the future.

With the completion of the Wisconsin Asthma Plan document, the Wisconsin Asthma Coalition and its partners will begin implementing the Plan. In 2003-2004, the third and final year of the planning period, the Wisconsin Asthma Coalition will implement pilot projects that address priority areas of the Plan. Concurrently, the Coalition's Executive Committee will begin preparing for the next phase of Plan implementation, by determining focus areas for intervention and seeking funding support to assist partners in achieving the goals and objectives of the Plan. In 2004, the DHFS asthma program staff and the Wisconsin Asthma Coalition's Executive Committee will work together to apply to the US Centers for Disease Control and Prevention for Plan implementation funds. As partners work together to conduct the action steps of the Wisconsin Asthma Plan, the asthma burden in Wisconsin will be reduced and the quality of life for those suffering from asthma will be improved, making for a healthier Wisconsin.

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An abstract graphic on a solid blue background. It features a thick, dark blue, wavy line that curves from the right side towards the center, resembling a river or a path. Scattered around this line are several light blue, irregular, rounded shapes that look like islands or rocks.

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